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Country programme document

Pakistan

Summary

The country programme document (CPD) for Pakistan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $156,270,000 from regular resources, subject to the availability of funds, and $443,730,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

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Programme rationale

1. Pakistan is a lower-middle-income country with an estimated population of 195.4 million (43 per cent children and adolescents).[1] The Eighteenth Constitutional Amendment, adopted in 2010, devolves increased policy, administrative and budget authority to provincial Governments.

2. Overall, poverty has been reduced and macroeconomic growth increased.[2] The Government's Vision 2025 targets moving the country to upper-middle-income status by prioritizing economic growth and development and the improvement of social indicators. Advances for children include the adoption and reform of an array of laws (e.g., constitutional article 25A on compulsory basic education and the imminent enactment of the National Commission on the Rights of the Child bill).

3. National achievements include: (a) increased polio prevention and quick response to resurgent polio, which reduced the number of missed children by a factor of four; (b) the prioritization of routine immunization; (c) the provincial formulation of multi-sector nutrition strategies; (d) a reduction in stunting from 38 per cent to 34 per cent in Punjab; (e) priority actions relating to early childhood development (ECD); and (f) increased social-protection expenditure to 1 per cent of gross domestic product (GDP), and which is expected to rise.

4. Pakistan met the Millennium Development Goal 7 target for water and sanitation (91 and 64 per cent respectively) and provincial Governments are committing resources to reduce open defecation. Disaster management and disaster risk reduction (DRR) are government priorities.

5. As Pakistan implements the Sustainable Development Goals, challenges remain. Poverty and high population growth[3] impact human development, child deprivations and the well-being of women and girls.[4] While 38 per cent of adults live in multidimensional poverty,[5] more than 50 per cent of children are poor, with significant provincial variations.

6. Among the groups left behind are girls, religious and ethnic minorities, those in rural and remote areas or urban slums, out-of-school children, temporarily displaced populations and/or those living in disaster-prone areas.

7. Low investments in public health (0.45 per cent of GDP)[6] as well as governance challenges constrain the capacity of the health system to deliver universal health coverage in line with Sustainable Development Goal targets for neonatal and child survival.

8. The maternal mortality ratio has decreased, and continues to decline. However, some 8 per cent of adolescent girls give birth before the age of 18 years; under-5 mortality is 2.5 times higher among the poorest quintile and neonatal mortality (55/1,000) has remained

[1] *Pakistan Economic Survey* 2014-2015 & 2015-16, Ministry of Finance, Government of Pakistan.
[2] Ibid.
[3] Total fertility rate is 3.8 children per woman.
[4] Pakistan ranks 147 of 188 countries in the 2015 Human Development Index (HDI). The female HDI ranking is 0.436, compared with 0.601 for males. The Gender Development Index ranking is 0.726, the lowest among comparable countries in the region. The Gender Inequality Index is 0.536, ranking Pakistan 12 out of 155 countries.
[5] UNICEF, *A Multidimensional Approach to Measuring Child Poverty*. February 2011.
[6] Pakistan Economic Survey 2015-2016, op. cit.

unchanged for two decades. Only 54 per cent of children aged 12 to 23 months (56 per cent of boys, 51.5 per cent of girls) are fully vaccinated, 5 per cent are not immunized at all,[7] and immunization dropout rates are high as a result of service inequities and a lack of parental awareness. Except for the polio vaccine, vaccine refusals are high, including in urban slums.[8] Some 91,000 children die annually from pneumonia and 53,300 from diarrhoea, both linked to populations affected by poor water and sanitation practices.

9. In nutrition, challenges exist in the quality and quantity of nutritious food. Half of all children are chronically malnourished,[9] leading to low child-survival rates and affecting long-term physical and cognitive development. Mothers are similarly malnourished, perpetuating a negative cycle and affecting the quality of their breastfeeding, even when practiced.

10. Stunting reflects the chronic nutritional deprivation and remains at 43.7 per cent (9.6 million children). It is prevalent across all wealth quintiles in both urban and rural areas, with slightly higher rates among boys. Nearly half of stunting cases are severe, and wasting affects. 15 per cent of children. Due in part to cultural practices, the rate of early initiation of breastfeeding is low (18 per cent in the first hour after birth, 38 per cent exclusive breastfeeding at 0 to 5 months), and formula use has increased substantially over time. Less than 3 per cent of children receive an adequately diversified diet, nearly 62 per cent are anaemic, more than half are vitamin A-deficient and 40 per cent are deficient in both zinc and vitamin D. Fortified foods are often not available. Mothers often lack knowledge about how to feed their children appropriately and/or may lack the resources to do so. Provincial Scaling Up Nutrition (SUN) Units have begun prioritizing multi-sectoral work, and social-protection systems need to expand their coverage.

11. Pakistan has made steady progress in water, sanitation and hygiene (WASH), despite a budget of only 0.2 per cent of GDP. Drinking-water policies are being developed or are in place in all provinces, with sanitation policies implemented or drafted in nearly all. While open defecation has declined considerably,[10] 25 million people still practise it. Access to improved sanitation is over 30 percentage points higher in urban areas than rural ones. Some 18 million people lack access to improved water sources, and 37 million people do not have water within their premises. More than 68 per cent of households drink water unfit for human consumption due to bacterial contamination (2005-06 data). Key bottlenecks include the perception that water is a free and infinite resource, and the low availability of water and soap for handwashing at critical times, both of which are highly correlated with poverty. At the institutional level, more accountability is required for the inefficient use of water and for operation and maintenance.[11]

12. Only two in three primary schools have access to drinking water and/or functional latrines.[12] Most schools are insufficiently equipped with menstrual hygiene management facilities and do not offer information on menstrual hygiene for adolescent girls, affecting

[7] PDHS, 2012-13 and multiple indicator cluster (MICS) surveys 2014. About 2.7 million children each year are deprived of at least one vaccine.
[8] For updated polio situation, please see www.eoc.gov.
[9] National Nutrition Survey (NNS) 2011.
[10] Joint Monitoring Programme Report 2015. UNICEF and WHO. From 49 per cent (1990) to 13 per cent (2015).
[11] PSLM 2014-2015.
[12] Pakistan Education Statistics 2015.

their retention after puberty. No data is available on functional WASH systems in health facilities.

13. In education, the number of out-of-school children is decreasing and retention rates are improving. However, 22.6 million children aged 5 to 16 years[13] (12.1 million girls; 10.5 million boys) are out of school.[14] Disparities based on gender, geographic location, ethnicity and socioeconomic status are significant (65 per cent of Sindh's poorest rural children never attended school; 78 per cent of girls in Balochistan are out of school).[15]

14. Preschool enrolment among children aged 3 to 5 years is 39 percent, illustrating this group's limited school readiness, which is frequently the result of multiple factors, including malnutrition and the lack of early stimulation.[16] Pre-primary education is not yet an official "class," and the 3 to 4 year age group falls outside article 25A.

15. The supply of schools at the pre-primary and secondary levels is low (i.e., only 19 per cent of government schools serve middle and high-school students)[17] and, when available, often lack safe, appropriate infrastructure, particularly in emergency situations.

16. Pakistan has invested in expanding public education and budgets. Despite this, only 2.8 per cent of GDP is spent on education — far from the commitment made of 4 per cent by 2018. The limited enforcement of policy commitments and challenges in equitable implementation impede reaching those most in need.

17. Several Sustainable Development Goal targets relate to the UNICEF child-protection mandate, including violence against children, child marriage, child labour, and legal identity. Currently, the births of 34 per cent of children under 5 years are registered,[18] with rural rates significantly lower than urban rates (23 versus 59 per cent), leaving almost 60 million children under the age of 18 years unable to prove their existence legally. Causes include the high cost and time required for registration, bureaucratic hurdles and a lack of knowledge about procedures. Encouragingly, registration rates for newborns have improved significantly with the use of mobile phones. Limited statistics at national level are available on violence against children (VAC); further data collection and analysis on VAC is needed, including gender-based violence, psychological aggression, physical punishment or violent behaviour as discipline. Legal and policy frameworks are being developed, although challenges remain with regard to effective implementation.

18. The national and provincial capacity to respond to natural and man-made disasters has improved. However, Pakistan requires a greater focus on child-centred risk-informed planning and policies that target the specific vulnerabilities facing children and their families, with stronger alignment between humanitarian and development programming.

19. The recent commitment of the federal and some provincial Governments to prioritize ECD offers an excellent opportunity to address several inter-related deprivations affecting children.

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[13] Figures include children who have never gone to school, who have dropped out, and who will enter late and are at higher risk of dropout.
[14] Pakistan Education Statistics 2015.
[15] MICS 2014 and UNICEF Pakistan OOSC study, 2013.
[16] Pakistan Economic Survey 2014-2015.
[17] Pakistan Education Statistics 2015-2016.
[18] PDHS 2012-2013.

20. Key lessons from the past country programme have highlighted the need for a greater focus on effectiveness and sustainability: (a) pilots and projects need to be properly assessed to determine the feasibility of upscaling, leveraging and upstream influence to address inequities; (b) collaboration proved to be even more effective that sectoral interventions in achieving results; (c) behavioural change initiatives take time, but are critical to effect real change; and (d) interventions require accurate and timely disaggregated data, including baselines, to assess progress. The strategic approaches of the new country programme take these lessons into account.

Programme priorities and partnerships

21. The goal of the country programme 2018-2022 is to enable girls and boys, including adolescents to benefit from effective child-focused policies, services and clear accountabilities. The country programme will prioritize:

(a) Evidence-based advocacy to influence legislation, policies and system-strengthening for child-focused planning, budgeting, multisectoral approaches, delivery and monitoring to address disparities;

(b) Gradually moving from a project to programme approach for at-scale results that leverage resources across many sectors and partners;

(c) A continuum and balance between development and humanitarian work, in line with existing national DRR and emergency response capacities;

(d) Strengthened partnerships with Government, registered non-governmental organizations (NGOs) and other sectors of society at all levels, the United Nations system and bilateral cooperation to strengthen Government ownership and accountability.

(e) An emphasis on more-innovative partnerships with the private sector for results.

22. The above-mentioned strategies will constitute the core delivery framework of the country programme components, which will be adapted to the particular context of each province and the burden of deprivations.

23. In coordination with federal and provincial Governments, UNICEF will work at different levels and sectors to implement policy initiatives for children. The organization will advocate for equity in social spending, while demonstrating cost-effective options to sustain and improve children's access to quality services. The focus will be on districts with the greatest disparities and worst child-development indicators in rural and urban settings.

24. These priority results are aligned with and contribute to Vision 2025, the Sustainable Development Goals, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the draft UNICEF Strategic Plan, 2018-2021 and the United Nations Sustainable Development Framework (UNSDF) 2018-2022.

25. The country programme includes the following programme components: (a) neonatal and child survival; (b) nutritional status of girls and boys; (c) children in school and learning; (d) children are protected from violence, neglect and exploitation; and (e) safely managed water and sanitation services.

26. The country programme will take a multisector strategic approach on ECD. Additionally, equity and social policy, gender, communication for development (C4D), and

DRR will each be mainstreamed to enhance results by working to (a) formulate and implement child-friendly and gender-sensitive laws, policies, plans and budgets; (b) improve social services in provinces according to their differing context and capacities; (c) improve the availability and use of disaggregated data and monitoring mechanisms; (d) increase behavioural change on child care in communities and families; and (e) increase the capacity of government departments and disaster management authorities to address humanitarian crisis, build resilience and strengthen systems.

Every child survives and thrives

27. The aim of the health programme component is that, by 2022, the most at-risk newborns and children benefit from integrated newborn and child health interventions and healthy behaviours. The programme will work closely with nutrition, and WASH programmes and will be, aligned with the National Health Vision 2016-2025. It will address two deprivations: (a) poor access to quality immunization services; and (b) poor access to safe deliveries for newborns and the high maternal mortality rate.

28. The component will prioritize: (a) the poorly performing polio tier 1 districts, urban slums and union councils, targeting 800,000 children under the age of one year through the use of polio infrastructure; and (b) using immunization as the platform to deliver an integrated package encompassing immunization, neonatal services and pneumonia, diarrhoea and HIV prevention. To reach all children, immunization programming will shift the paradigm from "covered children" towards "continuously missed children," including often-inaccessible urban slums. Priority will be given to supporting female frontline workers to reach these children.

29. Based on the national emergency action plans implemented by the Emergency Operations Centres, UNICEF will systematically strengthen operations, risk management, oversight and accountability to significantly reduce missed children and missed virus transmission. The goal is to achieve and sustain zero cases, leading to the interruption of virus transmission and to the certification of Pakistan as a polio-free country. UNICEF community-based vaccinators in the core reservoir zones will support the strengthening of immunization and health-care systems.

30. The programme will target care in health facilities and at home, reaping a triple return: (a) the improved survival of women during delivery; (b) the prevention of stillbirths; and (c) neonatal survival. Effective interventions, enhanced accountabilities, and attention to quality of care among health-care providers, managers, communities and households will be promoted. Priority will be given to high-impact health-care practices and to working with "Lady Health Workers", the private sector and civil society to influence positive behaviours among parents and other caregivers, while creating demand for skilled care. The programme component will strengthen the capacity for planning, monitoring and quality assurance, co-create evidence and advocate for increased and sustained budgets for maternal and newborn care and immunization.

31. The goal of the nutrition component is that, by 2022, the most vulnerable boys and girls as well as pregnant and breastfeeding women through the improved utilization of services and improved practices show a measurable reduction in stunting and wasting. The programme will be focused on: (a) improving the implementation, monitoring and evaluation of multisectoral nutrition strategies, budgets and plans; (b) advocating for and supporting national mechanisms (e.g., SUN and the Sustainable Development Goals at all levels); (c) contributing to addressing legislation gaps and strengthening the formulation of

comprehensive legal frameworks on breastfeeding and the fortification of staples, including salt and wheat; (d) supporting improved nutrition practices by mothers, especially during the child's first 1,000 days of life; (e) continued support to the Government in expanding treatment and prevention services; (f) assistance to improving information systems, including disaggregated data and the management of essential nutrition supplies for children; and (g) strong links between health programming, WASH and C4D on behaviour change to reduce stunting.

Every child learns

32. The programme component envisions that, by 2022, more children, particularly girls and those from groups left behind, benefit from equitable and appropriate ECD and basic education services.[19]

33. At systems levels, the component will contribute to a greater focus on equity in provincial and district sector planning and budgeting; strengthening data and assessment systems; and evidence-based policy advocacy. .

34. To address education supply-and-demand issues, the component will focus on strengthening the institutional capacity to (a) deliver quality and scalable early-learning models to improve school readiness; (b) expand equitable, quality alternative learning programmes at the basic education levels for out-of-school children and adolescents, particularly girls; and (c) improve public communication efforts and school-community linkages through C4D strategies to increase on-time enrolment, reduce dropout and ensure completion and transition in under-performing schools. UNICEF will work with a variety of partners to drive a quality learning agenda that leaves no child behind.

Every child is protected from violence and exploitation

35. The protection programme focuses on (a) the right of the child to protection from violence and exploitation, and (b) birth registration. On violence, the aim is that, by 2022, girls' and boys' access child protection preventive and/or response services primarily through public case management and referral systems in at least two provinces of Pakistan, and communities practice positive behaviours contributing towards a protective environment for children. Cross-sectoral work will engage education, health and nutrition programmes.

36. The component is focused on strengthening child-protection systems and building the capacity of families, communities and Government to promote the right of the child to protection. This approach encompasses (a) advocacy for costed evidence-based laws and policies; (b) preventing abuse; and (c) ensuring that the best interests of the child are considered when violations occur and remedial responses sought. An effective provincial case-management and referral system will bring together appropriate government agencies, civil society and the private sector, encompassing regulation and the monitoring of child-protection standards at all levels. Families will have access to adequate support and redress mechanisms, delivered in a child-friendly context with quality standards, by the Government or relevant social service agencies.

[19] In accordance with international standards, basic education comprises primary education (first stage of basic education) and lower secondary education (second stage).

37. In birth registration, the goal is that, by 2022, 65 per cent of girls and boys under the age of 5 years will be registered, with universal birth registration achieved and embedded within a civil registration and vital statistics system in at least two provinces. UNICEF will support the implementation of a regional action framework to achieve that goal,[20] including the development of a comprehensive national strategy.

38. Approaches will include systems-strengthening that addresses supply-side barriers (capacity and technology enhancement) and demand-side barriers (increased awareness). UNICEF will build upon the experience of innovative public-private partnerships to assist provincial Governments to implement tailored, equity-sensitive birth registration strategies, especially in the lowest-performing districts.

Every child lives in a safe and clean environment

39. The aim of the WASH component is that, by 2022, more people in Pakistan including women and children and the most-deprived, stop practising open defecation and can access and use safely managed water and sanitation services.

40. UNICEF will focus on (a) eradicating open defecation by improving access to basic sanitation; (b) increasing access to safe water, with special attention to improved drinking-water quality; and (c) improving WASH services in institutions. The programme will also address WASH in emergencies as well as in DRR. UNICEF will increasingly work in partnership with relevant provincial government departments, other United Nations agencies and civil society to ensure sustainability.

41. Interventions include (a) strengthening the enabling environment to replicate or scale up the Pakistan Approach to Total Sanitation; (b) increasing engagement in urban slums, including the promotion of child-responsive actions; (c) addressing sustainability challenges, such as the reverting of communities to open defecation; (d) integrating water safety and security; (e) continuing support for strengthened provincial planning and budgeting; and (f) directly implementing convergent activities with education, nutrition, and health to reach the most in-need..

42. The WASH programme will increase upstream engagement (evidence co-production, advocacy and resource leveraging of Government and partners, including the private sector, CSOs and provincial Governments) to lead large-scale implementation by building institutional capacity and sector reform. Building upon evidence and lessons from the Pakistan Approach to Total Sanitation, key strategies will include mainstreaming equity, gender and disabilities. UNICEF will advocate in particular for WASH facilities that ensure that adolescent girls can manage menstruation with dignity. Children, families and communities will also be empowered to adopt and sustain positive social norms.

[20] Pursuant to Economic and Social Commission for Asia and the Pacific resolution 69/15, countries in the Asia-Pacific region agreed in 2015 that further regional action be taken to support the improvement of such systems by 2024.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Neonatal and child survival	36 156	270 941	307 097
Nutritional status of girls and boys	19 746	45 385	65 131
Children in school and learning	24 954	47 744	72 698
Children are protected from violence, exploitation and neglect	28 081	6 825	34 906
Safely managed water and sanitation services	25 103	52 746	77 849
Programme effectiveness	22 230	20 089	42 319
Total	**156 270**	**443 730**	**600 000**

[a] Includes funding of $231 million for polio eradication.

Programme and risk management

43. This CPD outlines contributions by UNICEF to national development priorities for children and is the primary mechanism of accountability to the Executive Board for results alignment and the assignment of resources. Results will be reviewed at annual meetings with the Government and key partners and course correction will be based on lessons learned.

44. The programme and risk management strategy will (a) identify key inhibiting factors and their impact on children and service-delivery systems; (b) establish well-resourced and cross-sectoral approaches involving programme staff and communications; (c) strengthen the capacity of provincial Governments and partners; (d) mobilize and leverage resources to achieve results; (e) assess programme delivery approaches to further increase the cost-effectiveness of activities, safety and security, efficiency and value for money; and (f) implement plans based on audit recommendations and adopt risk-informed programming to strengthen sustainability and cost effectiveness.

Monitoring and evaluation

45. The results and resources framework is the basis for monitoring and evaluation. The yearly plan, the implementation and review of research, impact monitoring and evaluation and the costed evaluation plan will promote strengthening of accountabilities for results. This will be achieved by measuring performance through rigorous programmatic monitoring, annual reviews, situation assessments, such as multiple indicator cluster surveys, programmatic and country-led evaluations and strategic research. Biannual review meetings will take place with the Economic Affairs Division to follow up in implementation and results. Systems- strengthening through building and supporting national capacities on monitoring and evaluation for the Sustainable Development Goals, and joint work with United Nations agencies will ensure the generation and utilization of evidence through timely programme adjustments and planning based on formative and

summative research and evaluations. UNICEF will contribute to strengthening partner capacity to generate and use equity-focused data, including to measure progress.

Annex

Results and resources framework

Pakistan – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Concluding observations for Pakistan (July 2016) **National priorities:** Vision 2025, Sustainable Development Goals 1-6 and 16
United Nations Development Assistance Framework (UNDAF) outcomes involving UNICEF: 3: By 2022, the people of Pakistan, especially the most vulnerable and marginalized, have access to and benefit from improved universal health coverage, including sexual and reproductive health care and equitable water, sanitation and hygiene (WASH) services; **4**: By 2022, children, adolescent girls and pregnant and lactating women have improved dietary intake and feeding and care practices, resulting in improved nutritional status, reducing stunting and other forms of undernutrition; **6**: By 2022, the resilience of the people of Pakistan, especially the most vulnerable populations, is increased by addressing and mitigating natural and human-induced disasters, including climate-change mitigation and adaptation measures and the sustainable management of cultural and natural resources; **7**: By 2022, children and youth have enhanced, equitable and inclusive access to and benefit from quality learning opportunities; **8**: By 2022, government institutions have increased accountability towards gender-equality commitments and social, economic, cultural and political rights; **9**: By 2022, the people of Pakistan, especially the most vulnerable and marginalized, have increased knowledge of their rights and improved access to more accountable, transparent and effective governance mechanisms and rule-of-law institutions Note: This results framework will be incorporated into Joint Annual Work Plans in consonance with the new legal framework of the United Nations Sustainable Development Framework/UNDAF Framework 2018-2022 **Outcome indicators measuring change that includes UNICEF contribution:** 3.1 Coverage of essential health services; 3.2 Under-5 mortality rate; 3.5 Proportion of population using safely managed drinking water services; 3.6 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water; 4.1 Prevalence of stunting among children under 5 years of age (Sustainable Development Goal 2.2.1); 4.2 Prevalence of malnutrition among children under 5 years of age, by type (Goal 2.2.2); 6.1 Proportion of local governments that adopt and implement local disaster-risk-reduction (DRR) strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 (Goal 11.b.1); 7.1 Net enrolment rate in education (primary, lower secondary, secondary); 7.2 Proportion of children and young people at the end of primary and at the end of lower secondary achieving at least a minimum proficiency level in reading and mathematics, by sex (Goal 4.1.1); 7.3 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex (Goal 4.3.1); 8.1 Proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence (Goal 5.2.1); 9.1 Government effectiveness and rule of law as measured by the World Bank's Worldwide Governance Indicators; 9.2 In-depth analysis of population census and household surveys available for informed evidence-based planning, budgeting and monitoring; and 100 per cent birth registration and 80 per cent death registration achieved (Goal 17.19.2)
UNICEF Strategic Plan, 2018-2021 Goals Areas 1, 2, 3 and 4

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1 By 2022, the most at-risk newborns and children are benefiting from integrated newborn, child health interventions and healthy behaviours.	Percentage of fully immunized children B: 54% (3.7million) T: 80% (6 m) Live births attended by skilled health personnel (doctor, nurse, midwife,or auxiliary midwife) B: 52% (3 m) T: 60% (5 m) Percentage of children <1 year receiving pentavalent vaccine B: TBD T: 80% (6 m) Children 0-59 months with symptoms of acute respiratory infection given antibiotics B: 42% (2 m) T: 80% (4 m) Newborns receiving postnatal care within two days of birth B: TBD T:60%	Pakistan Demographic and Health Survey (DHS) multiple indicator cluster survey (MICS), Expanded Programme on Immunization coverage survey, Pakistan Social and Living Standards Measurement (PSLM)	1: By 2022, federal, provincial and district-level health-sector policies, plans and budgets use solid evidence to strengthen integrated health interventions. 2: By 2022, children under 1 year in targeted districts and urban areas have access to integrated newborn and child-health interventions. 3: By 2022, demand for skilled care is increased and care-seeking behaviour is improved in targeted communities. 4: By 2022, appropriate and workable quality of care models for maternal, newborn and child health will be scaled up in target districts	Government of Pakistan, World Health Organization (WHO), United Nations Population Fund (UNFPA), Gavi, the Vaccine Alliance, civil society organizations (CSOs), Bill and Melinda Gates Foundation, World Bank	36 156	270 941	307 097
2 By 2022, the most vulnerable boys and girls, as well as pregnant and breastfeeding women, through improved utilization of services and improved practices show a measurable reduction in stunting and wasting.	Children 0-5 months who are exclusively breastfed B: 37.3% T: 56% Children (0-23 months) who were put to the breast within one hour of birth B: 40.5% T: 50% Children under five years of age who are stunted	National Nutrition Survey (NNS) 2022-23, PDHS	1: By 2022, stakeholders have increased capacity to deliver, monitor and evaluate multisector plans in all areas, with clear plans for sustainability in at least two provinces. 2: By 2022, the most vulnerable boys and girls, as well as their mothers, access essential nutrition services and are aware of good nutrition behaviours, with a focus	MoNHSRC, National Planning Commission, National Institute of Population Studies	19 746	45 385	65 131

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	(moderate and severe) B: 43.7% T: 39% Children under five years of age who are wasted (moderate and severe) B: 15.1% T: 10%		on the most critical in the first 1,000 days of life.				
3 By 2022, more children, particularly girls, benefit from equitable and appropriate early childhood education (ECE) and basic education services.	Gross enrolment ratio in pre-primary B: 74% (M: 79%, F: 69%) T: 84% (M: 85%, F: 81%) Average learning outcome results in core subjects (grade 4 scores) English reading B: Basic (494, B: 470, G: 515) T: Proficient (551– 650) English writing B: Below Basic (290, B: 290, G: 286) T: Basic (401–550) Science grade B: Basic (433, B: 424, G: 443) T: Proficient (551–650) Number of primary-school age out-of-school children B: 6 m (Boys: 2.5 m; Girls: 3.5 m) T: 3 m (Boys: 1 m; Girls: 2.5 m) Gender parity index for primary education completion	Pakistan Education Statistics 2014/15, National Educational Management Information System (MIS)	1: By 2022, national, provincial and district education departments and institutions are strengthened to develop evidence-based policies, plans and budgets for equitable ECE and basic education services. 2: By 2022, public duty-bearers have the capacity and systems to deliver quality, equitable and safe early learning and basic education services, including alternative learning pathways, to the most marginalized girls and boys, including for those affected by emergencies. 3: By 2022, families and communities actively support on-time enrolment, retention, completion and transition to post-primary, especially for girls.		24 954	47 744	72 698

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	rate B: National: 0.86 T: National: 0.91						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4 By 2022, 65 % of girls and boys under-5 are registered in Pakistan, with universal birth registration achieved and embedded within civil registration and vital statistics (CRVS) systems in two provinces, children access appropriate child protection preventive and/or response services, primarily through public case management and referral system in at least two provinces, and communities practice positive behaviours contributing towards a protective environment for children	Children under 5 years whose birth is registered B: 33.6% T: 65% national; Number of functioning public child-protection case-management and referral systems B: 0, does not exist T: At least two provinces	Provincial and national level civil registration and vital statistics system, PDHS, MICS Child Protection MIS	1: By 2022, birth registration is up scaled in at least two provinces. 2: By 2022, the Ministry of Planning, Development and Reform endorses a comprehensive multi-sectoral CRVS strategy with clear modalities for embedding provincial birth registration data into the national system. 3: By 2022, children without parental care are registered through an inclusive legislative and regulatory framework. 4: By 2022, key provincial and regional institutions contribute towards evidence-based policy formulation for the delivery of the multisectoral child protection mandate, specifically to address violence and exploitation within a coordinated public child-protection system. 5: By 2022, provincial Governments establish effective mechanisms to receive, monitor and investigate reports of cases of child abuse, including referral where necessary and when required. 6: By 2022, duty-bearers and rights-holders benefit from a strengthened protective environment for children that fosters conducive behaviours and practices, eventually contributing to positive social and cultural norms.	Provincial/local government departments, Telenor Pakistan	28 081	6 825	34 906

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
5 By 2022, more people in Pakistan, including women and children and the most deprived, stop practising open defecation and have access to and use safely managed water and sanitation services in rural and deprived urban areas.	Population proportion using a safely managed drinking water service at the community level B: Sustainable Development Goal baseline T: 30 million Population having improved sanitation facility B: Goal baseline T: 4 million Population percentage practising open defecation B: 13% T: 7.5%	Joint monitoring programme, PSLM, PDHS, MICS, Humanitarian Action for Children annual reports, evaluation reports	1: By 2022, national and provincial government mechanisms are strengthened to legislate, plan, coordinate and budget for gender- responsive and safely managed water and sanitation facilities in development and humanitarian situations. 2: By 2022, duty-bearers, including government sector departments, implementing partners and CSOs, have the capacity and systems to deliver equitable, gender-responsive safely managed water and sanitation services, including in schools and in early childhood development centres and health-care facilities, and in emergency situations. 3: By 2022, children, families and communities, including in schools, early childhood development centres and health-care facilities, are empowered to collectively adopt positive WASH practices and demand for better WASH services. .	Ministry of Climate Change, Public Health Engineering Department, Local governments, World Bank, Plan International, WaterAid, WHO, Registered NGOs, civil society	25 103	52 746	77 849
6 Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	Staff with adequate skills to support CP implementation B: 80% T: 100% Results Based Management (RBM) rolled out in CO B: 2 workshops held in 2016;	Staff learning records, RBM workshop reports, human resources records, assurance reports, gender analysis C4D assessment,	UNICEF staff and partners are provided the guidance, tools and resources to: 1. Effectively design and manage programmes; 2. Effectively communicate child-		22 230	20 089	42 319

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	68 staff trained T: 4 workshops; 150 staff trained CO compliant with HACT procedures B: 89% T: 100% compliance Gender adequately addressed through mainstreaming and disaggregated data B: 25% T: 75% Programme interventions meet global C4D quality benchmarks B: Level 1 T: Level 3 Number of priority results areas using real time monitoring and reporting system in decision making B: 1 T: 3 Programs that have fully mainstreamed risk-informed approaches B: 50% T: 75%	mid-year and annual reviews	rights issues with stakeholders; 3: Effectively plan and monitor programmes; 4: Effectively advocate and partner on child-rights issues with stakeholders; 5: Develop and apply strategies to address cross-cutting issues related to child rights.				
Total resources					**156 270**	**443 730**	**600 000**